



0400404013

Georgia Form 500 (Rev. 6/03)Individual Income Tax Return
Georgia Department of Revenue**2003** (Approved web version)

DEPARTMENT USE ONLY

DEL ☐ EXT ☐☐ Fill in circle if you DO NOT want a booklet next yearFiscal Year Beginning / / Fiscal Year Ending / /

1. Your First Name

Initial

Your Social Security Number

 - -

Your Last Name

Suffix

Spouse's First Name

Initial

Spouse's Social Security Number

 - -

Spouse's Last Name

Suffix

2. Address (Check if Address has Changed) ☐

(Use 2nd address line for Apt, Suite, Unit or Bldg number)

3. City

State

Zip Code

Country (If Foreign)

4. Enter your Residency Status with the appropriate number

1. Full-Year Resident

2. Part-Year Resident from

/

/

to

/

/

3. Nonresident

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 4

5. Enter Filing Status with appropriate letter (Must be the same status used on your Federal Return)

A. Single

C. Married filing separate (Spouse's social security number must be entered above)

B. Married filing joint

D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.)

6a. Yourself ☐6b. Spouse ☐6c.

Dependents- (If you have more than 3 dependents, attach a list of additional dependents)

First Name	Last Name	Dependent's SSN	Relationship to You
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7a. Number of Dependents (DO NOT include yourself or your spouse)

7a.

7b. Add Lines 6c and 7a. Enter total

7b. If amount on line 8, 9, 10, or 13, is negative, fill in circle. Example: ☒

8. Federal adjusted gross income

8. .

If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s, you must enclose a copy of your Federal Form 1040 Pages 1 and 2. Do not enclose other Federal Schedules

From Federal Form 1040, 1040A or 1040 EZ (Do not use FEDERAL TAXABLE INCOME)

9. Adjustments from Schedule 1 (See instructions on Page 9, Line 9)

9. .

10. Georgia adjusted gross income (Net total of Line 8 and Line 9)

10. .

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) see instructions Line 11

11a. . b. Self: 65 or over? ☐ Blind? ☐ Spouse: 65 or over? ☐ Blind? ☐Total of Boxes

x 1,300=

11b. .

c. Total Standard Deduction (Line 11a + Line 11b)

11c. .

Use EITHER Line 11c OR Line 12 (Do not write on both lines)

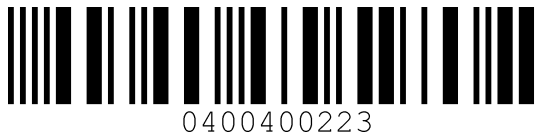
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must enclose Federal Schedule A

Itemized Deductions (Schedule A-Form 1040)

Less: see instructions Line 11

12.

Georgia Form 500 Page 2
Individual Income Tax Return
Georgia Department of Revenue
2003



- -
Your Social Security Number

13. Subtract either Line 11c or Line 12 from Line 10; enter balance	▶	<input type="radio"/>	13. <input type="text"/>	<input type="text"/>
14a. Number on Line 6c multiplied by \$2,700	14a. <input type="text"/>			
14b. Number on Line 7a multiplied by \$3,000	14b. <input type="text"/>			
14c. Add Lines 14a. and 14b. Enter total	▶		14c. <input type="text"/>	<input type="text"/>
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	▶	<input type="radio"/>	15. <input type="text"/>	<input type="text"/>
16. Tax (Use Tax Table on Pages 17-19)	▶		16. <input type="text"/>	<input type="text"/>
17. Credits from Schedule 2, Page 3 (Enter total but not more than the amount on Line 16)	▶		17. <input type="text"/>	<input type="text"/>
18. Balance (Line 16 less Line 17) if zero or less than zero, enter zero	▶		18. <input type="text"/>	<input type="text"/>
19. Georgia Income Tax Withheld (Enter Tax Withheld Only and enclose withholding statements) ▶			19. <input type="text"/>	<input type="text"/>
20. Estimated Tax for 2003 and Form IT-560	▶		20. <input type="text"/>	<input type="text"/>
21. Low Income Credit (See worksheet on Page 7) 21a. ▶ <input type="text"/> 21b. ▶ <input type="text"/>	▶		21 c. <input type="text"/>	<input type="text"/>
22. Department Use Only	▶		22. <input type="text"/>	<input type="text"/>
23. Total prepayment credits (Add Lines 19, 20 and 21c)	▶		23. <input type="text"/>	<input type="text"/>
24. If Line 18 exceeds Line 23 enter BALANCE DUE STATE	▶		24. <input type="text"/>	<input type="text"/>
25. If Line 23 exceeds Line 18 enter OVERPAYMENT amount	▶		25. <input type="text"/>	<input type="text"/>
26. Amount to be credited to 2004 ESTIMATED TAX	▶		26. <input type="text"/>	<input type="text"/>
27. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)	▶		27. <input type="text"/>	<input type="text"/>
28. Georgia Children and Elderly Fund (No gift of less than \$1.00)	▶		28. <input type="text"/>	<input type="text"/>
29. Georgia Cancer Research Fund (No gift of less than \$1.00)	▶		29. <input type="text"/>	<input type="text"/>
30. Form 500 UET (Estimated tax penalty)	▶		30. <input type="text"/>	<input type="text"/>
31. Add Lines 24, 27, 28, 29, and 30 (Balance Due)	▶		31. <input type="text"/>	<input type="text"/>

MAKE CHECK PAYABLE FOR THE AMOUNT ON LINE 31 TO: **GEORGIA INCOME TAX DIVISION**

DO NOT USE STAPLES OR PAPER CLIPS ON YOUR CHECK, W-2'S OR TAX RETURN, ENCLOSE ALL ITEMS IN THE RETURN ENVELOPE.

32. Amount to be Refunded (Line 25 minus Line 26 thru Line 30 if applicable)	▶	32. <input type="text"/>	<input type="text"/>
--	---	--------------------------	----------------------

REFUNDS TO:
GEORGIA INCOME TAX DIVISION
P.O. BOX 740380
ATLANTA, GEORGIA 30374-0380

PAYMENTS AND TAX RETURNS TO:
GEORGIA INCOME TAX DIVISION
P.O. BOX 740399
ATLANTA, GEORGIA 30374-0399

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

X _____
Taxpayer's Signature (Check box if deceased ☐) Date _____

Daytime Phone Number

☐ Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the preparer named below.

☐

X _____
Spouse's Signature (Check box if deceased ☐) Date _____

X _____
Signature of Preparer if other than taxpayer ID Number of Preparer _____

Phone Number Date _____



- -
Your Social Security Number

SCHEDULE 1 ADJUSTMENTS TO INCOME BASED ON GEORGIA LAW (see Pages 9 and 10 of instructions)

ADDITIONS TO INCOME

- | | | | | |
|--|----|----------------------|---|----------------------|
| 1. Interest on Non-Georgia Municipal and State Bonds | 1. | <input type="text"/> | . | <input type="text"/> |
| 2. Lump Sum Distributions | 2. | <input type="text"/> | . | <input type="text"/> |
| 3. Other (specify) <input type="text"/> | 3. | <input type="text"/> | . | <input type="text"/> |
| 4. Total Additions (enter sum of Lines 1-3 here) | 4. | <input type="text"/> | . | <input type="text"/> |

SUBTRACTION FROM INCOME

5. Retirement Income Exclusion (See Retirement Income Exclusion Worksheet, Page 8.)

a. Self: Date of Birth	Type of Disability: <input type="text"/>	5a.	<input type="text"/>	.	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Disability: <input type="text"/> / <input type="text"/> / <input type="text"/>				

b. Spouse: Date of Birth	Type of Disability: <input type="text"/>	5b.	<input type="text"/>	.	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Disability: <input type="text"/> / <input type="text"/> / <input type="text"/>				

- | | | | | |
|---|-----|----------------------|---|----------------------|
| 6. Social Security Benefits (Taxable portion from Federal return) | 6. | <input type="text"/> | . | <input type="text"/> |
| 7. Railroad Retirement Benefits (Taxable portion from Federal return) | 7. | <input type="text"/> | . | <input type="text"/> |
| 8. Interest on United States Obligations (See instructions, Page 9) | 8. | <input type="text"/> | . | <input type="text"/> |
| 9. Other (specify) <input type="text"/> | 9. | <input type="text"/> | . | <input type="text"/> |
| 10. Total Subtractions (enter sum of Lines 5-9 here) | 10. | <input type="text"/> | . | <input type="text"/> |
| 11. Net Adjustments (Line 4 less Line 10. Enter Net Total here and on Line 9 of Page 1)(+ or -) | 11. | <input type="text"/> | . | <input type="text"/> |

SCHEDULE 2 CREDITS FOR LINE 17, PAGE 2

- | | | | | |
|--|----|----------------------|---|----------------------|
| 1. Other State(s) Tax Credit (see worksheet on Page 7) | 1. | <input type="text"/> | . | <input type="text"/> |
| 2. Low and Zero Emission Vehicle Credit | 2. | <input type="text"/> | . | <input type="text"/> |
| 3. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or
Retrofit Credit, Driver Education Credit, Disaster Assistance Credit and
Qualified Caregiving Expense Credit) | 3. | <input type="text"/> | . | <input type="text"/> |
| 4. Other Credits (specify) <input type="text"/> | 4. | <input type="text"/> | . | <input type="text"/> |

Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest

You must list the appropriate Credit Type Code in the space provided. List the percentage of credit received in the % column. If you claim more than five credits, enclose a schedule. Enter the schedule total on Line 10. See Pages 23-24 for a list of available credits and their applicable codes.

Credit Type Code	Company Name	FEIN	%	Amount of Credit
5.				5. <input type="text"/> . <input type="text"/>
6.				6. <input type="text"/> . <input type="text"/>
7.				7. <input type="text"/> . <input type="text"/>
8.				8. <input type="text"/> . <input type="text"/>
9.				9. <input type="text"/> . <input type="text"/>
10. Enter the total from enclosed schedule(s)				10. <input type="text"/> . <input type="text"/>
11. Enter the total of Lines 1 thru 10 here and on Line 17, Page 2				11. <input type="text"/> . <input type="text"/>



- -
Your Social Security Number

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See Page 10, Line 17 and Page 7.

DO NOT USE LINES 9 THRU 14 OF PAGES 1 AND 2, FORM 500

	Federal Income after Georgia Adjustments COLUMN A	Income not Taxable to Georgia COLUMN B	Georgia Income COLUMN C
1. Wages, Salaries, Tips, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Interest and Dividends	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Business Income or (Loss)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Other Income or (Loss)	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Total Income: Total Lines 1 thru 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADJUSTMENTS TO INCOME			
6. Total adj. from Federal Form 1040	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Total adj. from Form 500, Schedule 1, Page 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
(See instructions: Page 9-10, Line 9)			
8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage	<input type="text"/>	<input type="text"/>	% Not to exceed 100%
10. Itemized or Standard Deduction (See instructions: Page 12, Line 10) ...	<input type="text"/>	<input type="text"/>	
11. Personal Exemption from Form 500, page 1 (See instructions: Page 12)			
11a. Number on Line 6c multiplied by \$2,700	<input type="text"/>	<input type="text"/>	
11b. Number on Line 7a multiplied by \$3,000	<input type="text"/>	<input type="text"/>	
11c. Add Lines 11a. and 11b. Enter total	<input type="text"/>	<input type="text"/>	
12. Total Deductions and Exemptions: Add Lines 10 and 11c	<input type="text"/>	<input type="text"/>	
13. Multiply Line 12 by Ratio on Line 9 and enter result			<input type="text"/>
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Page 2, Line 15 of Form 500			<input type="text"/>

List the state(s) in which the income in Column B was earned and/or to which it was reported.
